Case 20-10931-pmm Doc 61 Filed 10/05/22 Entered 10/05/22 09:28:35 Desc Main Document Page 1 of 2

Fill in this information	to identify your case:	
Debtor 1	David A Boisvert	_
Debtor 2 (Spouse, if filing)		_
United States Bankru	uptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number 2	0-10931	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	<u>n 106l</u>	MM / DD/ YYYY
^ 1 1 1	Maria Laboratoria	

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional		☐ Not employed	■ Not employed
	employers.	Occupation		
	Include part-time, seasonal, or self-employed work.	Employer's name	CarGroup Holdings LLC	
	Occupation may include student or homemaker, if it applies.	Employer's address	1023 E. Baltimore Pike Media, PA 19063	
		How long employed th	nere?	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 4,540.43 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 3. 0.00 4,540.43 Calculate gross Income. Add line 2 + line 3. \$ 0.00

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Debt	or 1	David A Boisvert	_	Case	number (if known)	20-1093	11		
				Fo	Debtor 1		btor 2 or		
	Cor	by line 4 here	4.	\$	4,540.43	\$	0.00		
	•			. –	-,0 :0::0	· 		_	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	829.88	\$	0.00		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	_	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	_	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	_	
	5e.	Insurance	5e.	\$_	383.67	\$	0.00	_	
	5f.	Domestic support obligations	5f.	\$_ \$	0.00	\$	0.00	_	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h		0.00	+ \$	0.00	_	
•			_	· -				-	
6. 7		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. 7	\$ _	1,213.55	\$	0.00	_	
7.	Car	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ __	3,326.88	\$	0.00	-	
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total	0 -	•		Φ.			
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$_ \$	0.00	\$	0.00	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Ψ_	0.00	Ψ	0.00	_	
	00.	regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce	_	•		•			
	0-1	settlement, and property settlement.	8c.	\$_ \$	0.00	\$	0.00	_	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$_	0.00	\$	0.00 1,477.00		
	8f.	Other government assistance that you regularly receive	00.	Ψ_	0.00	Ψ	1,477.00	_	
	٠	Include cash assistance and the value (if known) of any non-cash assistance)						
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00		
	8g.	Pension or retirement income	_ 8g.	\$-	0.00	\$	0.00	_	
	8h.	Other monthly income. Specify: Expense Reimbursment	8h	+ \$		+ \$	0.00	_	
		· · · · · · · · · · · · · · · · · · ·		_				_	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	380.73	\$	1,477.0	0	
			_						
10.			10. \$		3,707.61 + \$	1,477	.00 = \$	5,184.61	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L						
11.	Sta	te all other regular contributions to the expenses that you list in Schedule	J.						
		clude contributions from an unmarried partner, members of your household, your dependents, your roommates, and							
		er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	availal	ole to	nav exnenses lis	ted in Schr	edule .l		
		cify:	avanai	010 10	pay expended no		11. +\$	0.00	
		I the amount in the last column of line 10 to the amount in line 11. The res							
		rite that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it					12. \$	5,184.61	
	чрр								
							Combii	ned v income	
13.	Do	you expect an increase or decrease within the year after you file this form	?					,	
		No.							
		Yes. Explain:							

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